Kimberly Gudzune, MD, MPH, FTOS – gudzune@jhu.edu

Understanding the Healthcare Experience for Patients with Obesity

Disclosures

- National Institutes of Health – research grantee (NIMH; NHLBI)
- Eli Lilly – research advisory board
- Novo Nordisk – research grantee
- American Board of Obesity Medicine – medical director

Objectives

- Review the evidence for how healthcare professionals' attitudes, communication, and behaviors may differ for patients with obesity
- Understand potential strategies to improve the healthcare experience for patients with obesity

Challenges to Obesity Care in the Healthcare Setting

Images from the National Institutes of Health and Centers for Disease Control.

- Lack of **insurance coverage** for evidence-based treatments
  - Behavioral weight-loss counseling
  - Anti-obesity medications
  - Bariatric procedures
- **Iatrogenic causes** contributing to obesity or impaired treatment
  - Weight-gain-promoting medications

Tsai et al., 2006 (PMID: 17000198); Kusher, 1995 (PMID: 8610076); Apovian et al., 2015 (PMID: 25590212).

Challenges to Obesity Care in the Healthcare Setting

- **Physical environment** may propagate stigma
  - Appropriately sized equipment and devices unavailable to accommodate patients of all sizes
- Clinicians' lack of **education/ training** on and **time** to perform obesity care
- Clinicians frequently cited as source of **stigma** by individuals with obesity
  - Clinical staff and other health professionals too

Images from the National Institutes of Health and Centers for Disease Control.

Puhl & Brownell, 2001 (PMID: 11743063); Mastrocola et al., 2020 (PMID: 31551484); Kusher, 1995 (PMID: 8610076); Gudzune et al., 2012 (PMID: 22819710).

Clinician Attitudes towards Patients with Obesity

- May associate obesity with poor hygiene, non-adherence, hostility, and dishonesty
  - Pervasive
    - *American, Australian, Israeli, and European physicians*
  - Persistent over time
    - *Documented since 1969 when physicians viewed patients with obesity as unintelligent, unsuccessful, inactive, and weak-willed*
- PCPs believe that patients with obesity are less likely to follow medical advice, benefit from counseling, or adhere to medications

Image from the National Institutes of Health.

Klein & colleagues, 1982 (PMID: 7077248); Puhl & Heuer, 2009 (PMID:19165161) ; Maddox & Liederman, 1969 (PMID: 5774591); Foster et al., 2003 (PMID: 14569041); Huizinga et al., 2009 (PMID: 19763700); Hebl & Xu, 2001 (PMID: 11477511); Huizinga et al., 2010 (PMID: 20186132).

The Healthcare Experience for Patients with Obesity

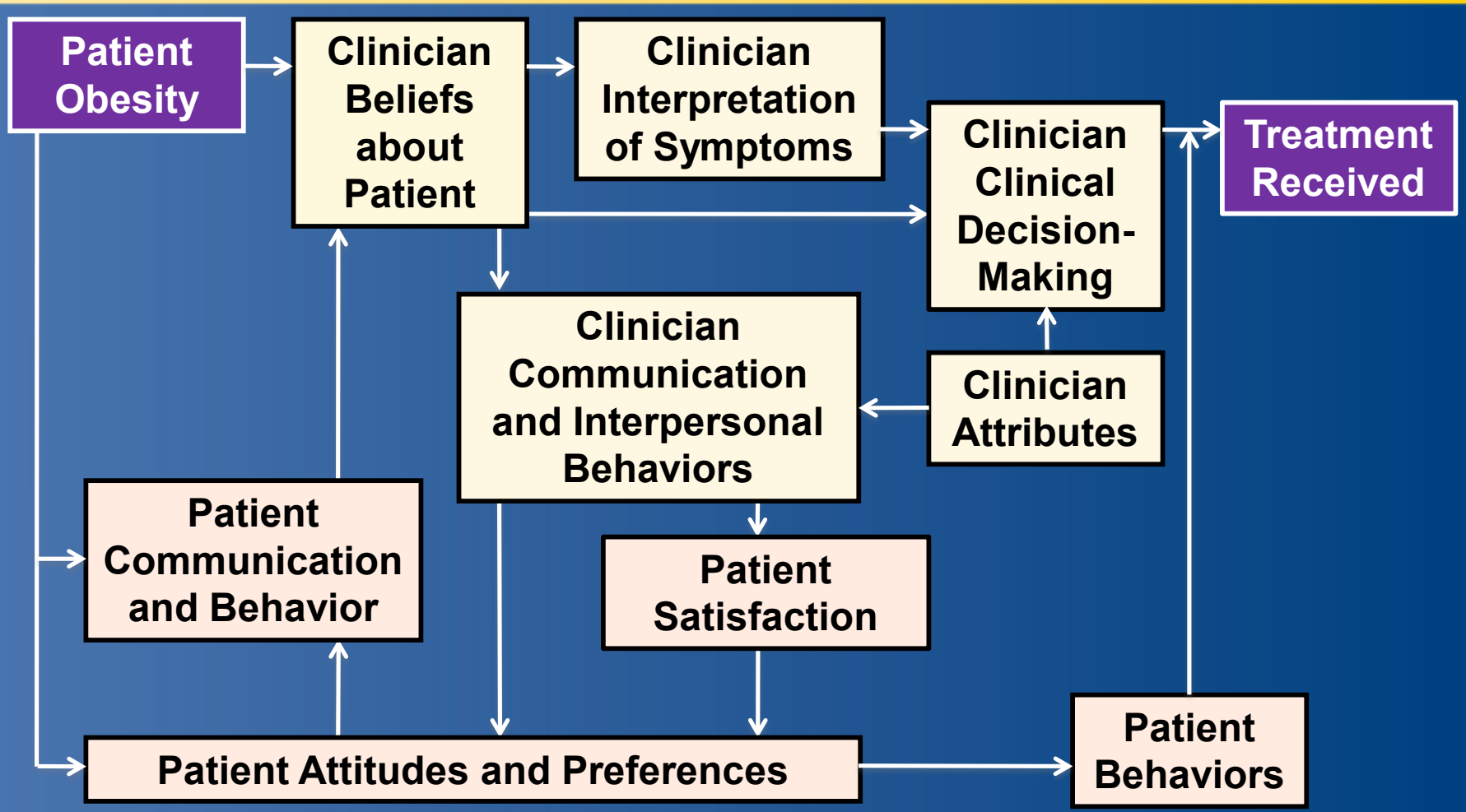

Figure adapted from van Ryn, 2002 (PMID: 11789627).

Consequences in Healthcare: Avoidance or Delay in Care Seeking

Image from Canva Free Stock Photos.

- 55% of patients with obesity report canceling an appointment due to anxiety about being weighed
- Delay cancer-screening tests due to perceived barriers to obtaining appropriate health care due to weight
  - Disrespectful treatment, embarrassment at being weighed, negative provider attitudes, unsolicited weight loss advice, inadequate medical equipment

Drury & Louis, 2002 (PMID: 12567923); Amy et al., 2006 (PMID: 16231037).

Consequences in Healthcare: Impaired Continuity of Care

- Patients with obesity significantly more likely to doctor shop than normal weight patients – 37% greater odds
  - Doctor shoppers have increased utilization of ED services – 68% greater incidence – without increased hospitalization
- Doctor shopping motivated for some by weight stigmatizing experiences in the healthcare setting
  - Prior doctor shoppers more likely to perceive that their current PCP judged them because of their weight

Image from Canva Free Stock Photos.

Gudzune et al., 2013 (PMID: 23671015); Gudzune et al., 2014 (PMID: 24942593).

Consequences in Healthcare: Undermining Communication

JOHNS HOPKINS MEDICINE

TABLE 4 Incidence rate ratios[a] of physician communication behaviors between overweight and obese patients compared to normal weight patients

		IRR (95% CI)		
		Normal Range BMI 18.5-24.9 kg/m^2, (n = 28)	Overweight BMI 25-29.9 kg/m^2, (n = 60)	Obese BMI ≥30 kg/m^2, (n = 120)
Biomedical	Medical data gathering	1.00	1.18 (0.94-1.47) $P = 0.15$	1.20 (0.99-1.46) $P = 0.06$
	Medical education and counseling	1.00	1.08 (0.87-1.33) $P = 0.50$	1.00 (0.81-1.22) $P = 0.99$
Psychosocial/ lifestyle	Psychosocial/lifestyle data gathering	1.00	0.78 (0.53-1.15) $P = 0.21$	0.82 (0.57-1.19) $P = 0.30$
	Psychosocial/lifestyle education and counseling	1.00	1.00 (0.66-1.53) $P = 0.98$	0.88 (0.58-1.33) $P = 0.54$
Rapport building	Positive rapport building	1.00	0.92 (0.81-1.05) $P = 0.22$	0.96 (0.85-1.08) $P = 0.48$
	Emotional rapport building	1.00	0.65 (0.48-0.88) $P = 0.01$	0.69 (0.58-0.82) $P < 0.01$
	Social rapport building	1.00	0.62 (0.34-1.11) $P = 0.11$	0.86 (0.43-1.70) $P = 0.66$

IRR, incidence rate ratio; BMI, body mass index.
[a]Multilevel Poisson regression model adjusted for patient age, sex, race, depressive symptoms, number of co-morbidities, physician familiarity with the patient, and visit length.

Table used with permission from author (K. Gudzune).

Gudzune et al., 2013 (PMID: 23512862).

Consequences in Healthcare: Influencing Decision-Making & Care

Image from Canva Free Stock Photos.

- May have technical difficulty performing examinations or do not have equipment to accommodate all patients
  - Avoid performing exams
- Suggested diagnostic plans may differ for patients with obesity
  - Tend to prescribe more tests
  - Spend less time with the patient

Ferrante et al., 2006 (PMID: 16796480); Campbell et al., 2009 (PMID: 19552292); Hebl & Xu, 2001 (PMID: 11477511).

Consequences in Healthcare: Influencing Decision-Making & Care

- Clinicians unlikely to counsel patients about weight loss
  - Majority of physicians report limited efficacy or perceive futility of obesity treatment
  - Many feel unprepared with respect to training, in addition to limited time and reimbursement for services
  - Avoid discussing weight and weight loss entirely when balancing multiple priorities during a visit

Image from World Obesity Federation Image Bank.

Kristeller & Hoerr, 1997 (PMID: 9245677); Foster et al., 2003 (PMID: 14569041); Fogelman et al., 2002 (PMID: 12355337); Kushner, 1995 (PMID: 8610076); Gudzune et al., 2012 (PMID: 22819710).

Consequences in Healthcare: Impacting Patient Outcomes

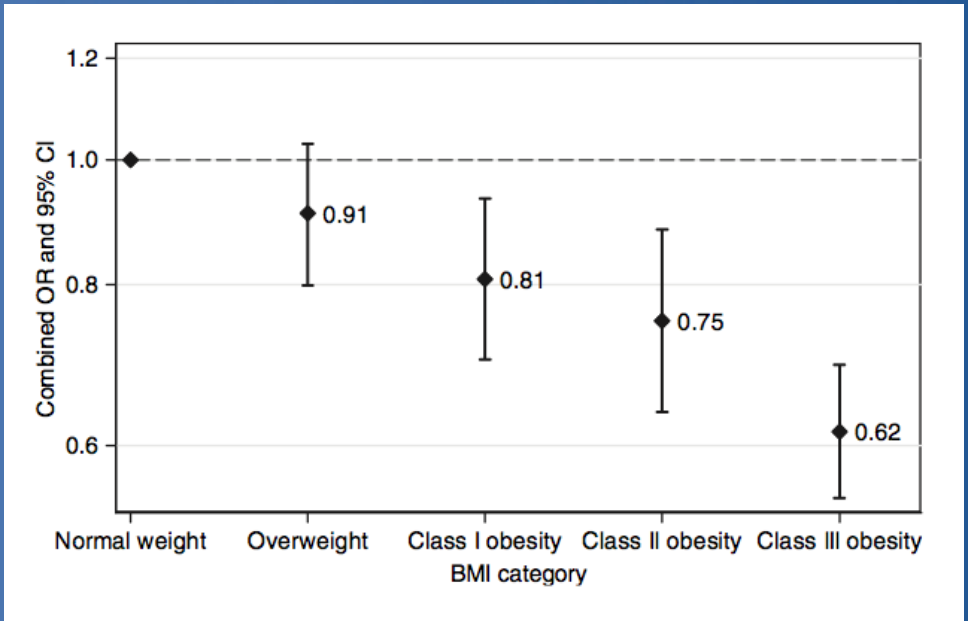

Figure used with permission from author.

- Lower rates of cancer screening
  - Mammography
  - Pap smear
  - Colonoscopy
- Greater degree of obesity tends to have greater disparities

Maruthur et al., 2009 (PMID: 19277790); Maruthur et al., 2009 (PMID: 18997682); Maruthur et al., 2012 (PMID: 22492832).

Clinicians' Positive Role!

- Higher ratings of the clinicians' helpfulness in a behavioral weight-loss intervention → greater weight loss
- Combining population health management with online program → greater weight loss in primary care
- Patients who discussed weight loss with their doctor & did not perceive judgment from them are more likely to achieve a 10% weight loss
- Non-Hispanic Black, Hispanic & Asian patients with obesity want weight-related discussions with their clinicians

Figure 2. Predicted probabilities for self-reported weight loss outcomes in the last 12 months across different PCP judgment-weight loss discussion groups

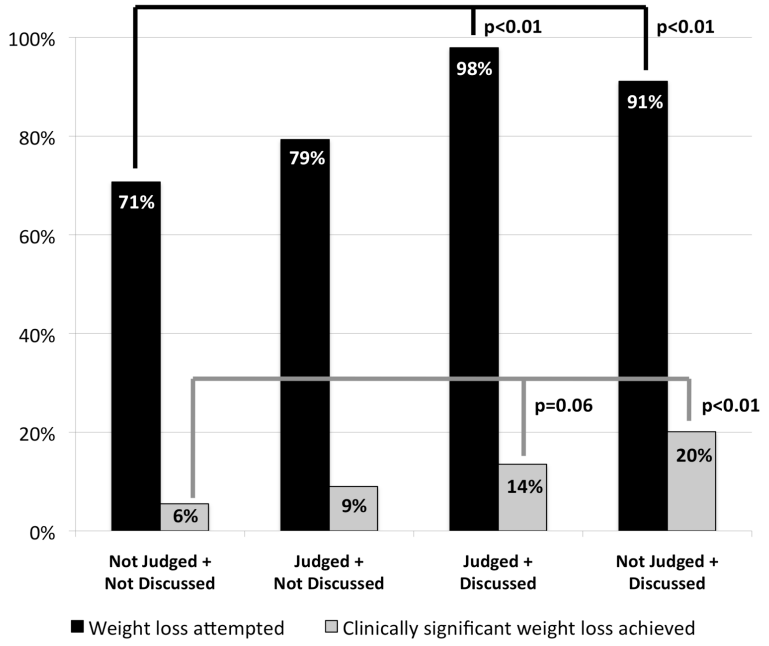

Figure used with permission from author (K. Gudzune).

Bennett et al., 2015 (PMID: 26026649); Baer et al., 2020 (PMID:33141209); Gudzune et al., 2014 (PMID: 24521530); Lewis et al., 2016 (PMID: 27486558).

Clinicians' Communication Matters

- Using the 5A's framework when counseling on weight loss…
  - Associated with dietary change and increased confidence to lose weight
  - Decreased risk of excess gestational weight gain
  - Physicians 5A's curriculum → higher quality counseling & patient weight loss
    - Online tutorial on content alone likely insufficient
  - Newly proposed "Weight Can't Wait" communication guide → 6A's agreed upon by roundtable of experts
- Using MI consistent techniques when discussing weight loss…
  - Associated with greater patient confidence to make dietary changes & greater weight loss

Alexander et al., 2011 (PMID:21380950); Washington Cole et al., 2017 (PMID: 28525296); Jay et al., 2010 (PMID: 20217268); Jay et al., 2013 (PMID: 23505167); Welzel et al., 2021 (PMID:33794781); Gallagher et al., 2021 (PMID: 33899338); Cox et al., 2011 (PMID: 21316897); Pollak et al., 2010 (PMID: 20837282)

Addressing Challenges in the Healthcare Setting

- Interventions to address weight bias mostly remain untested & proposed programs might include...
  - Alter clinic environment to provide chairs and medical equipment to accommodate any size
    - Financial support or incentives to make these changes may be necessary
  - Sensitivity training may improve awareness of how attitudes can impact patients with obesity
    - Additional research needed to design & test trainings that achieve sustained changes and improve patient outcomes
  - Increase empathy and positive affect through perspective-taking exercises
    - Untested in practicing healthcare professionals
  - Increase awareness of weight bias and a felt need for clinicians to examine their explicit and implicit attitudes
    - Untested in practicing healthcare professionals

Alberga et al., 2016 (PMID: 27166133); Phelan et al., 2015 (PMID: 25752756).

Addressing Challenges in the Healthcare Setting

- Interventions to address clinician barriers might include...
  - Education on the genetic, environmental, biological, iatrogenic, psychological and social contributors to weight gain and loss
    - Expand obesity content in medical schools, residency, and fellowship
    - Support education & practice change among current clinicians through board certification and medical societies
  - Training on evidence-based counseling techniques (e.g., 5As, MI)
    - Additional research needed to design & test trainings that achieve sustained changes and improve patient outcomes
  - Electronic health record tools to support counseling, not just documentation
    - Additional research needed as tools to date have only improved diagnosis – no benefit on treatment outcomes
  - Advocate for coverage of evidence-based obesity treatments with insurers, employers, and government agencies

Phelan et al., 2015 (PMID: 25752756); Jay et al., 2010 (PMID: 20217268); Baer et al., 2013 (PMID: 24050426); Fitzpatrick et al., 2017 (PMID: 28653221).

THANK YOU

Weight Bias

Explicit

- Conscious negative attitudes toward an individual with obesity manifested by negative stereotypes, social rejection, and prejudice
  - Common among general population and healthcare professionals
  - 67% of medical students endorse explicit weight bias
- Has remained a socially acceptable form of bias

Implicit

- Subconscious negative feelings towards people with obesity
  - Common among general population and health professionals
  - 74% of medical students exhibit this implicit bias

Other

- Most individuals with obesity have negative bias towards others with obesity
  - Different from other marginalized groups who tend to have favorable attitudes toward in-group members
- Individuals with obesity may have self-directed weight stigma (weight bias internalization)

Puhl & Brownell, 2001 (PMID: 11743063); Puhl & Heuer, 2009 (PMID:19165161); Phelan et al., 2014 (PMID: 24375989); Teachman & Brownell, 2001 (PMID: 11673776); Schwartz et al., 2003 (PMID: 12972672); Phelan et al., 2014 (PMID: 24375989); Sabin et al., 2012 (PMID: 23144885); Wang et al., 2004 (PMID: 15278101); Pearl et al., 2017 (PMID: 28124502); Walsh et al., 2018 (PMID: 30618992).

Consequences of Experiencing Weight Bias

JOHNS HOPKINS MEDICINE

Psychological

- ↑ Depression
- ↑ Anxiety
- ↓ Self-esteem
- ↓ Value placed on one's health
- ↓ Quality of life

Medical

- ↑ Metabolic syndrome
- ↑ Triglycerides
- ↑ BMI
- ↑ Care avoidance

Carr & Friedman, 2005 (PMID: 16259147); Chen et al., 2007 (PMID: 17658028); Annis et al., 2004 (PMID: 18089148); Hatzenbuehler et al., 2009 (PMID: 19390520) ; Wee et al., 2013 (PMID: 22956443); Pearl et al., 2017 (PMID: 28124502); Walsh et al., 2018 (PMID: 30618992); Alberga et al., 2019 (PMID: 32800008).